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CONFIRMATION NO. 8873

<b>SERIAL NUMBER</b> 10/774,139	<b>FILING OR 371(c) DATE</b> 02/06/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> PC10922C
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 10/059,667 01/29/2002 PAT 7,022,684 which is a CON of 09/864,515  
 05/24/2001 ABN  
 which claims benefit of 60/218,494 07/14/2000  
 and claims benefit of 60/218,326 07/14/2000  
 and claims benefit of 60/225,156 08/14/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 0012793.6 05/24/2000  
 UNITED KINGDOM 0012760.5 05/24/2000  
 UNITED KINGDOM 0017495.3 07/17/2000

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 05/13/2004**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

**ADDRESS**

28523

**TITLE**

Treatment of rumen acidosis with alpha-amylase inhibitors

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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